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But 8/18/10

STATE OF DELAWARE
SINGLE POINT OF CONTACT – SPOC
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS

Office of Management and Budget
Haslet Building, 3rd Floor, Dover, Delaware 19901
(302) 739-4206

08-10-10A11:59 RCVD

1. STATE APPLICATION IDENTIFIER:

SAI000000035; SO-07-23-04

SPOC use ONLY

Month

09

Reviewer

JC

CC's

NR

2. Applicant Project Title: Title IV-E – Adoption Assistance ARRA Increased Rate

3. Applicant Department: Department of Services for Children, Youth and their Families

4. Applicant Division/APU: Division of Family Services and Division of Management Support Services 37-06, 37-01

5. Applicant Address: 1825 Faulkland Rd Wilmington, DE 19805

6. Contact Person: Chris Kraft/Kate Carlson on

7. Contact Person's Phone Number: Chris/ Kate-633-2604

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

9. Federal Grantor Department: Health and Human Services

10. Federal Sub-Agency: Administration on Children, Youth and Families

11. Federal Contact Person: Tom Strawderman

12. Phone Number: (215) 861-4068

13. Address: 150 S. Independence Mall West, Suite 864, Philadelphia, PA 19106-3499

14. Federal Program Title:

Title IV-E Adoption Assistance

15. FEDERAL CATALOG NO:
(CFDA)

93

659

N

16. Project Description:

This grant provides enhanced federal assistance for payments to adoptive parents to support children and youth they have adopted

17. Will funds be utilized for any technology initiatives? ☐ Yes ☒ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

- To continue to provide adoption assistance payments to all eligible families.

b. Were these objectives met? (If not, please explain why)

Yes. All eligible families received assistance.

c. What are this year's objectives?

- Continue to provide assistance payments to all eligible families.

8/10/10

(If more space is needed, please attach a separate sheet of paper)

19. Grant Period:

From: 10/1/10

To: 12/31/10

20. How many years has this project been funded:

2

21. If the project was funded last year, how much federal money was awarded?

\$183,000

22. Source of funding for this application:

Dollars

a. Federal grant

50,000

b. Other federal funds
(Specify source of funding)

0

c. Required state contribution
(Specify source of funding)

\$0

d. Discretionary state contribution
(Specify source of funding)

\$0

e. Required local contribution
(Specify source of funding)

0

f. Other non- federal funds
(Specify source of funding)

0

TOTAL

\$50,000

23. Budget by cost category and source:

Federal
Funds

State
Funds

Other
Funds

Total
Funds

Salaries & Fringe Benefits

Personal or Contractual Services

50,000

50,000

Travel

Supplies & Materials

Capital Expenditures

Audit Fees

Indirect Costs

Other

TOTAL

50,000

50,000

24. How many positions are required for the project? (Exclude casual/seasonal employees)

Breakdown of position(s)

Authorized in
State Budget

New Positions
Required

Total

Paid for out of federal funds

Paid for out of General Funds

Paid for out of state special funds

Paid for out of bond/local/other funds

TOTAL